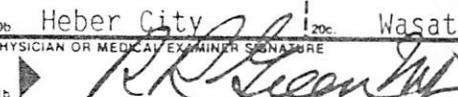
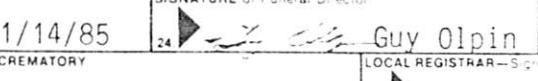


Irene M. North
HEBER CITY—Irene Morris North, 85, died Nov. 11, 1985 at the home of a daughter, Mrs. Kay Welch, in Heber City.
Born Jan. 20, 1900 in Elkhorn (Hollstone), Utah to Harry and Louisa Jones Morris. Married Glen Wayne North July 20, 1920 in Salt Lake City. He died Nov. 8, 1937. Member LDS church. Survived by children, Mrs. Thomas (Gladys) Farrel, Mrs. Clarence (Kay) Welch and Glen North, all of Heber City; Mrs. Clyde (Evelyn) Rollins, Mapleton; Mrs. Glen (Erv) Roberts and Mrs. Roy (Lu Ann) Singleton, both of Provo; Mrs. Max (Dora) McAfee, Victorville, Calif.; Mrs. Leo (Glendale) Spears, Vernal; Darrell North, Roosevelt; 26 grandchildren, 47 great-grandchildren; four great-great-grandchildren; brothers, Harry Hollstone Morris, Salt Lake City; Roy Morris, Roosevelt. Preceded in death by a brother, Joseph Morris.
Funeral service Thursday, 1 p.m. at the Heber 6th Ward Chapel. Friends may call at Olpin Mortuary, Wednesday, 7-9 p.m., and at the church Thursday prior to service. Burial Heber City Cemetery.
T 11/12 N3 11/12

TYPE OR PRINT • USE BLACK INK

This form is classified as
PRIVATE under the Utah
Information Practices Act.

LOCAL FILE NUMBER

CERTIFICATE OF DEATH STATE OF UTAH - DEPARTMENT OF HEALTH							STATE FILE NUMBER			
DECEDENT PERSONAL DATA	NAME OF DECEDENT	FIRST	MIDDLE	LAST	SEX	RACE (White, Black, Am. Indian, etc.)	DATE OF DEATH (Month, Day, Year)			
	1. IRENE			NORTH	2. Female	3. White	4. November 11, 1985			
WAS DECEDENT OF SPANISH ORIGIN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, indicate type: Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other <input type="checkbox"/> If other, specify:			DATE OF BIRTH (Month, Day, Year)		AGE (Last Birthday)	IF UNDER 1 year				
5. BIRTHPLACE (State or foreign country)			CITIZEN of what country	6. January 20, 1900	7. 85 yrs.	Months	Days	Hours	Minutes	
Elkhorn, Utah			8. USA	8. USA	9. Married	10. Widowed	11. Elementary or Secondary (0-12) College (13-16 or 17+)	SOCIAL SECURITY NUMBER		
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			13b. KIND OF BUSINESS OR INDUSTRY		14. NAME of surviving spouse (if, wife, enter maiden name)					
Housewife			Home		GLEN WAYNE NORTH (deceased)					
15. NAME OF FATHER			16. MAIDEN NAME OF MOTHER		17. Was decedent ever in U.S. Armed Forces?					
HARRY MORRIS			LOUISA JONES		17. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
USUAL RESIDENCE	18a. USUAL RESIDENCE—(Street, address or location)					18b. INSIDE CITY LIMITS?	NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT			
	18a. 55 North 4th East					18b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Mrs. Kay Welch, Daughter 55 North 4th East			
18c. CITY OR TOWN			18d. COUNTY		18e. STATE AND ZIP CODE		19. Heber City, Utah 84032			
Heber City			Wasatch		Utah 84032					
PLACE OF DEATH	20a. NAME of hospital, nursing home or other institution where death occurred (If outside an institution, give street address or location)					20b. CITY OR TOWN	20c. COUNTY			
	20a. 55 North 4th East (at home)					20b. Heber City	20c. Wasatch			
MEDICAL EXAMINER OR PHYSICIAN'S CERTIFI- CATION	21a. MEDICAL EXAMINER: I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below, based on examination of the body and/or investigation of the circumstances.					21b. PHYSICIAN OR MEDICAL EXAMINER SIGNATURE				
	21a. Decedent was pronounced dead at: HOUR DATE					21b.  21c. TIME of death (24 hr. clock)				
21d. PHYSICIAN: I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below, that I attended the decedent, and I last saw the decedent alive on:					21e. CERTIFIER'S name and title (Type or print)					
21d. month day year					21f. DATE SIGNED—Month, Day, Year					
21g. If not certified by medical examiner, was death reported to him? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					21g. CERTIFIER'S address and zip code					
21g. If yes, enter the date and hour reported—M.E. Case No.					21h. UTAH PHYSICIAN LICENSE NUMBER					
FUNERAL DIRECTOR AND LOCAL REGISTRAR	22. HOUR MO DAY YEAR					22. FUNERAL HOME—Name, address and license number				
	22. Burial <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Entombment <input type="checkbox"/> DATE 23b. 11/14/85					22. Signature of Funeral Director				
23a. Cremation <input type="checkbox"/> Other <input type="checkbox"/> 23b. DATE 24.  Guy Olpin					23. FUNERAL HOME—Name, address and license number					
24. NAME AND LOCATION OF CEMETERY OR CREMATORIAL					24. LOCAL REGISTRAR—Signature					
26. Heber City Cemetery, Heber City, Utah					26. Date accepted for registration by local registrar					
MEDICAL AND HEALTH DATA	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE: (A) CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (B) DUE TO, OR AS A CONSEQUENCE OF (C) STATING THE UNDERLYING CAUSE LAST							(Enter only one cause per line for A, B and C)		
	29. DUE TO, OR AS A CONSEQUENCE OF (C) STATING THE UNDERLYING CAUSE LAST							30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.		
INJURY INFOR- MATION	31. Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> DATE of injury—Month, Day, Year			32. Suicide <input type="checkbox"/> Undetermined if Injured <input type="checkbox"/> TIME OF INJURY (24 Hour Clock)		33. Homicide <input type="checkbox"/> Accidentally or Purposely <input type="checkbox"/> 33a. 33b. 34. INJURY AT WORK? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		35. AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, were findings considered in determining cause of death?		
	36a. LOCATION OF INJURY—STREET AND NUMBER OR LOCATION AND CITY OR TOWN			36a. none		36b. Distance from place of injury to usual residence (item 18)		37. PLACE OF INJURY (Specify home, farm, factory, freeway, street, office buildings, etc.)		
36a. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)							37. Miles		38. Were laboratory tests done for drugs or toxic chemicals? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 38. Were laboratory tests done for alcohol? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
39. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.							40.			